

CASE TRANSFER SUMMARY

Case Name:		Date:	
FACTS Case Number:			

DATE/ TIME	STAFF PARTICIPATING		
	Full Name	Position	Relationship to the Case

I. Type of Transfer Staffing

Transfer Level of Service (Change in Family Preservation Tier; Family Preservation to FC/RE/AD; FC/RE/AD to aftercare, etc. Excludes DCF referrals to FS/FPS/FC/RE/AD):	
Current Service	New Level of Service
New Worker/Supervisor:	
<input type="checkbox"/> New worker with same agency/level of service	
<input type="checkbox"/> New Supervisor with same agency/level of service	
<input type="checkbox"/> Family moved requiring a new worker	
<input type="checkbox"/> Change of venue or tribal court jurisdiction	
<input type="checkbox"/> Other (<i>Explain</i>):	

II. Discussion

Referral (<i>Briefly review why the family was referred for services</i>)
Review of Case Plan Goal and Activities and Family's Progress
Decisions/Next steps /Follow-up

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General Family Information (Is the family accepting of services, have they engaged, what made the engagement with the family successful, what is the family's opinion of the services/need for services, etc., when is the family available/what is their schedule, general tips and ideas for helping this family be successful, how the family prefers to communicate.)
Non-Custodial Parent, Siblings, Relatives (Review contact information, updates, and/or where information is located in file. Discuss attempts to locate/engage and current status of relationships.)
Child(ren)'s Connections (Review social connections including school, extra-curricular activities, religious organizations, current therapist and contact information and updates for each, if applicable, and/or where information is located in file)
Decisions/Next steps /Follow-up

Safety Concerns Identified (May include: abuse/neglect concerns, self-harming/danger to self, imminent danger, child vulnerability, caregiver protective capacities, safety plans, protective actions mitigating the safety concern)
Decisions/Next steps to mitigate/Follow-up

Risk Concerns Identified (May include: child factors, parent/caregiver factors, environmental factors, family strengths, services, and resources, and case plan progress mitigating the risk concerns)
Decisions/Next steps to mitigate/Follow-up

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ICWA (Discuss efforts to determine the child(ren)'s heritage and eligibility, services available through the tribe, contacts with the tribe, etc.)
Decisions/Next steps /Follow-up

Has a referral been made for Kansas Infant Toddler Services for a child under the age of three? (Early intervention services funded under part C of the Individuals with Disabilities Education Act.)
<input type="checkbox"/> Yes <input type="checkbox"/> No
Next steps /Follow-up

Other (Explain):
Decisions/Next steps to mitigate/Follow-up

III. Supervisor Approval

Transferring Supervisor Signature	Date

Receiving Supervisor Signature <i>(if different from above)</i>	Date

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Distribution: File, Participants

